Gerald R. Leach
Office of State Fire Marshal
45 Commerce Drive, Suite 1
52 State House Station
Augusta, Maine 04333-0052

207-626-3889 Phone 207-287-6251 Fax gerald.r.leach@maine.gov www.mainefiremarshal.com

Application / Renewal Form for

RESPONSIBLE MANAGING SUPERVISOR LICENSE

Complete this	form, then mail it to	the above address v	vith a check made o	ut to "Treasurer, Sta	te of Maine".
	nitial License (\$3	300)			
or Renewal License (\$300)		se (\$300)	My Current (or Expired) License # is:		
Your RMS licen An RMS is auto	se will expire 2 y matically given e	o is currently licer ears from the day endorsements as tall) at no addition	y it is issued. Inspector (to ins _l		tain
Your Name the	e way that you w	ant it to appear	on your license:		
		ır license renewa			
The physical lo	ocation address	where you can b	e located if diffe		
		_		Zip:	
Work Phone	e:		Fax:		
		<i>I</i>			
One of the follo	owing is required	d:			
Canadian P. Eng #			N.I.C.E.T. III	#]
Maine P.E. # N.I.C.E.T				#	7
Other St	ate P.E. #	Which	State(s)?		_
The following i	nfo is standardly	posted to our w			ut
☐ No-a	address	No-work ph	one	No-fax	
Please remen	nber to keep our offic	e updated of any ch	anges in contact info	ormation!	
The area below is	to be filled in by the O	ffice of State Fire Mars	hal:		
Date Received	Fee Received	Check #	Date Issued	Expiration Date	Number Issued